



## Grant Application Package

Opportunity Title:	State Innovation Models:Round Two of Funding for Design
Offering Agency:	Centers for Medicare & Medicaid Services
CFDA Number:	93.624
CFDA Description:	ACA - State Innovation Models: Funding for Model Design
Opportunity Number:	CMS-1G1-14-001
Competition ID:	CMS-1G1-14-001-049477
Opportunity Open Date:	05/22/2014
Opportunity Close Date:	07/21/2014
Agency Contact:	Gabriel Nah GMS E-mail: Gabriel.Nah@cms.hhs.gov Phone: 301-492-4482

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Connecticut SIM Model Test

### Select Forms to Complete

#### Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Disclosure of Lobbying Activities \(SF-LLL\)](#)

[Project Abstract Summary](#)

[Project Narrative Attachment Form](#)

[Budget Narrative Attachment Form](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

[Assurances for Non-Construction Programs \(SF-424B\)](#)

#### Optional

☒ [Project/Performance Site Location\(s\)](#)

☐ [Other Attachments Form](#)

### Instructions

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This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

### Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

07/19/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

#### State Use Only:

6. Date Received by State:

7. State Application Identifier:

#### 8. APPLICANT INFORMATION:

\* a. Legal Name:

OFFICE OF THE HEALTHCARE ADVOCATE

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

066000798

\* c. Organizational DUNS:

0262005170000

#### d. Address:

\* Street1:

PO BOX 1543

Street2:

\* City:

HARTFORD

County/Parish:

HARTFORD

\* State:

CT: Connecticut

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

06144-1543

#### e. Organizational Unit:

Department Name:

Division Name:

#### f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

\* First Name:

MARK

Middle Name:

C.

\* Last Name:

SCHAEFER

Suffix:

Ph.D

Title:

DIRECTOR OF HEALTHCARE INNOVATION

Organizational Affiliation:

\* Telephone Number:

860-331-2461

Fax Number:

860-331-2499

\* Email:

MARK.SCHAEFER@CT.GOV

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Centers for Medicare & Medicaid Services

### 11. Catalog of Federal Domestic Assistance Number:

93.624

CFDA Title:

ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance

### \* 12. Funding Opportunity Number:

CMS-1G1-14-001

\* Title:

State Innovation Models:Round Two of Funding for Design and Test Assistance

### 13. Competition Identification Number:

CMS-1G1-14-001-049477

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

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### \* 15. Descriptive Title of Applicant's Project:

State Innovation Model Test Initiative

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

CT-001

\* b. Program/Project

ALL

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

01/01/2015

\* b. End Date:

12/31/2018

**18. Estimated Funding (\$):**

\* a. Federal

63,725,086.00

\* b. Applicant

0.00

\* c. State

18,982,385.00

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

82,707,471.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

Ms.

\* First Name:

VICTORIA

Middle Name:

\* Last Name:

VELTRI

Suffix:

\* Title:

HEALTHCARE ADVOCATE

\* Telephone Number:

860-331-2441

Fax Number:

860-331-2499

\* Email:

VICTORIA.VELTRI@CT.GOV

\* Signature of Authorized Representative:

Victoria Veltri

\* Date Signed:

07/19/2014

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input checked="" type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: OFFICE OF THE HEALTHCARE ADVOCATE * Street 1: PO BOX 1543 Street 2: * City: HARTFORD State: CT: Connecticut Zip: 06144-1543 Congressional District, if known: CT-001		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>		
<b>6. * Federal Department/Agency:</b> CENTERS FOR MEDICARE AND MEDICAID	<b>7. * Federal Program Name/Description:</b> ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance CFDA Number, if applicable: 93.624	
<b>8. Federal Action Number, if known:</b> 	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix: * First Name: Not Applicable Middle Name: * Last Name: Not Applicable Suffix: * Street 1: Street 2: * City: State: Zip:		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix: * First Name: Not Applicable Middle Name: * Last Name: Not Applicable Suffix: * Street 1: Street 2: * City: State: Zip:		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Victoria Veltri * Name: Prefix: Ms. * First Name: VICTORIA Middle Name: * Last Name: VELTRI Suffix: Title: HEALTHCARE ADVOCATE Telephone No.: 860-331-2441 Date: 07/19/2014		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

## Project Abstract Summary

**Program Announcement (CFDA)**

93.624

**Program Announcement (Funding Opportunity Number)**

CMS-1G1-14-001

**Closing Date**

07/21/2014

**Applicant Name**

OFFICE OF THE HEALTHCARE ADVOCATE

**Length of Proposed Project**

48

**Application Control No.****Federal Share Requested (for each year)****Federal Share 1st Year**

\$ 9,870,763

**Federal Share 2nd Year**

\$ 19,267,951

**Federal Share 3rd Year**

\$ 17,035,311

**Federal Share 4th Year**

\$ 17,551,061

**Federal Share 5th Year**

\$ 0

**Non-Federal Share Requested (for each year)****Non-Federal Share 1st Year**

\$ 5,930,911

**Non-Federal Share 2nd Year**

\$ 4,993,410

**Non-Federal Share 3rd Year**

\$ 3,839,392

**Non-Federal Share 4th Year**

\$ 4,218,672

**Non-Federal Share 5th Year**

\$ 0

**Project Title**

State Innovation Model Test Initiative

# Project Abstract Summary

## Project Summary

**Purpose.** With the participation of all five of CT's major commercial payers, Medicare and Medicaid, our Model Test will determine whether a comprehensive set of statewide transformation initiatives accelerates improvements in the performance of the healthcare system for all CT residents, while protecting against under-service. We also propose to test whether a new Medicaid Quality Improvement and Shared Savings Program (QISSP) combined with a three part strategy to transform primary care will further accelerate the pace of change and performance of participating providers and that improvements in performance will be of particular benefit to Medicare, Medicaid, & CHIP consumers with chronic illnesses, significant care coordination needs, and social determinant risks. Our approach emphasizes meaningful participation of diverse stakeholders in the design and implementation of every phase of our plan.

**Statewide Goals.** a) Plan for Improving Population Health: We will undertake extensive population health analytics and planning to support the implementation of Prevention Service Centers and Health Enhancement Communities, for the improvement of community health. b) Value based payment and insurance design: We will promote statewide adoption of shared savings programs and value-based insurance designs (VBID) to align 4,600 (83%) primary care providers and 2.2 (60%) million consumers for better care and lower cost. c) Quality measure alignment: We will ensure quality measure alignment among all payers establishing care experience as an essential factor in qualifying for shared savings. d) Health Information Technology: We will focus on the adoption of certified technologies and analytic tools to support performance transparency, better care management, engaged consumers, and communication among members of the care community. e) Workforce Development We will undertake initiatives to expand our primary care workforce through teaching health centers, train community health workers to support primary care, and prepare tomorrow's workforce to practice in inter-professional teams.

**Targeted Goals.** a) Medicaid QISSP: Medicaid will launch its first shared savings program with 25-30 select FQHCs and large providers during the test period, directly enhancing care for nearly 430,000 Medicaid beneficiaries. b) Primary Care Transformation: Our three-part strategy to accelerate primary care transformation includes an Advanced Medical Home program to strengthen the primary care foundation, a Community and Clinical Integration Program to develop special capabilities such as dynamic clinical teams and Innovation Awards to stimulate program innovation. Our investments will directly benefit 25-30 major providers and nearly 2 million beneficiaries, including Medicaid.

**Budget.** CT is seeking \$63.7 million over four years. More than \$7 million will be used for development of a population health strategy; \$7.4 million for Medicaid QISSP; \$20.2 million for primary care transformation; \$2.7 million for workforce development; \$617,400 for quality measure alignment and performance scorecard; \$325,576 for VBID acceleration; \$14.4 million for HIT and analytics; \$406,368 for consumer engagement; \$5 million for program evaluation; and \$3.5 million for our Program Management Office. CT will commit \$19 million in in-kind funding.

**Projected Total Cost of Care Savings.** When fully and successfully implemented, CT's Model Test is projected to achieve \$190.3 million in federal savings over the 4-Year test period and \$3.6 billion in federal savings by CY 2024, net of program investments and value-based payments to providers.

Estimated number of people to be served as a result of the award of this grant.

2200000

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

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To add more Project Narrative File attachments, please use the attachment buttons below.

## Budget Narrative File(s)

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\* **Mandatory Budget Narrative Filename:**

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

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To add more Budget Narrative attachments, please use the attachment buttons below.

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# BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. State Innovation Models	93.624	\$	\$	\$ 63,725,086.00	\$ 18,982,385.00	\$ 82,707,471.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 63,725,086.00	\$ 18,982,385.00	\$ 82,707,471.00

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) State Innovation Models	(2) N/A	(3) N/A	(4) N/A	
a. Personnel	\$ 1,936,125.00	\$ 2,437,489.00	\$ 2,550,768.00	\$ 2,669,707.00	\$ 9,594,089.00
b. Fringe Benefits	1,497,045.00	1,889,484.00	1,977,446.00	2,069,802.00	7,433,777.00
c. Travel	19,755.00	17,113.00	20,121.00	17,208.00	74,197.00
d. Equipment	0.00	0.00	0.00	0.00	
e. Supplies	90,202.00	70,214.00	64,646.00	64,738.00	289,800.00
f. Contractual	12,229,871.00	19,817,161.00	16,231,527.00	16,918,053.00	65,196,612.00
g. Construction	0.00	0.00	0.00	0.00	
h. Other	28,676.00	29,900.00	30,195.00	30,225.00	118,996.00
i. Total Direct Charges (sum of 6a-6h)	15,801,674.00	24,261,361.00	20,874,703.00	21,769,733.00	\$ 82,707,471.00
j. Indirect Charges	0.00	0.00	0.00	0.00	
k. TOTALS (sum of 6i and 6j)	\$ 15,801,674.00	\$ 24,261,361.00	\$ 20,874,703.00	\$ 21,769,733.00	\$ 82,707,471.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Year 1	\$ 5,930,911.00	\$ 0.00	\$ 0.00	\$ 5,930,911.00	
9. Year 2	4,993,410.00	0.00	0.00	4,993,410.00	
10. Year 3	3,839,392.00	0.00	0.00	3,839,392.00	
11. Year 4	4,218,672.00	0.00	0.00	4,218,672.00	
12. TOTAL (sum of lines 8-11)	\$ 18,982,385.00	\$	\$	\$ 18,982,385.00	

  

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal \$ 9,870,763.00	\$ 2,467,691.00	\$ 2,467,691.00	\$ 2,467,691.00	\$ 2,467,691.00
14. Non-Federal \$ 5,930,911.00	\$ 1,482,728.00	\$ 1,482,728.00	\$ 1,482,728.00	\$ 1,482,728.00
15. TOTAL (sum of lines 13 and 14) \$ 15,801,674.00	\$ 3,950,419.00	\$ 3,950,419.00	\$ 3,950,419.00	\$ 3,950,419.00

  

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Federal Funds \$	\$ 19,267,951.00	\$ 17,035,311.00	\$ 17,551,061.00	\$
17. Non-Federal Funds	4,993,410.00	3,839,392.00	4,218,672.00	
18.				
19.				
20. TOTAL (sum of lines 16 - 19) \$	\$ 24,261,361.00	\$ 20,874,703.00	\$ 21,769,733.00	\$

  

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks: Section E(b) shows second year funding, (c) shows third year funding, and (d) shows fourth year funding	

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Victoria Veltri	HEALTHCARE ADVOCATE
APPLICANT ORGANIZATION	DATE SUBMITTED
OFFICE OF THE HEALTHCARE ADVOCATE	07/19/2014

### Project/Performance Site Location(s)

**Project/Performance Site Primary Location** ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Office of the Healthcare Advocate

DUNS Number: 0262005170000

\* Street1: PO Box 1543

Street2:

\* City: Hartford

County: Hartford

\* State: CT: Connecticut

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 06144-1543

\* Project/ Performance Site Congressional District: CT-All

#### Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:

County:

\* State:

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

**Additional Location(s)**

Add Attachment

Delete Attachment

View Attachment